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APPLICANTS

Janusz Sosnowski, Chandler, AZ;

** CONTINUING DATA *****

MM This appln claims benefit of 60/404,413 08/20/2002

** FOREIGN APPLICATIONS *****

none / *MM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/13/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MM</i> Initials <i>MM</i>				

ADDRESS

00909
 PILLSBURY WINTHROP SHAW PITTMAN, LLP
 P.O. BOX 10500
 MCLEAN, VA
 22102

TITLE

Harmonic multiplexer

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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